

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10/644,137
APPLICANT(S)

FILING DATE

CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		1			
2				1		
3				1		
4				1		
5				1		
6				1		
7				1		
8				1		
9				1		
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13				1		
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15				1		
16				1		
17				1		
18				1		
19				1		
20		3		3		
21		1		1		
22		1		1		
23		1		1		
24		1		1		
25		1		1		
26		1		2		
27		2		2		
28		1		1		
29		1		1		
30		1		1		
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42	1		1			
43				1		
44				1		
45				1		
46				1		
47				1		
48	1		1			
49				1		
50				1		
TOTAL IND.	3		3			
TOTAL DEP.	51		51			
TOTAL CLAIMS	54		54			
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